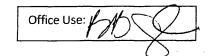


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information			
Date: 9/28/2016				
	Type: New Amended (if amending, enter MEC ID C071140 & section changed 6			
2.	2. Committee Information			
	Friends of Michele Kratky			
	Name of Committee 6001 Bishops Place Saint Louis, MO 6310		00	, 314 , 481-0444
				Telephone Number
	<u> </u>			
	Official Committee Email Address County Clerk or Board of Election Commissioners County Clerk or Board of Election Commissioners			
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party			
3.	Treasurer/Deputy Treasurer Information			
	Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
	, ,		()	()
	Treasurer's Mailing Address, City, State, & Zip		Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optional))
			()	· ()
	Deputy Treasurer's Mailing Address, City, State,	& Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information			
	ANACNIDIACNIT			
	Additional Committee Certain sename & Use (if any)		Additional Committee Officer's Mailing Address, City, State, & Zip	
			Connected Organization's Mailing Address, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No			
5.	Official Bank Account Information (required by all committees)			
	Name & Mailing Address, City, State, & Zip of Fir	ancial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees mus Self		t include self, if candidate)	
			(314 ₎ 481-0444	()
	Name & Mailing Address, City, State & Zip of Car 03/05/2019	Alderperson 16th Ward	Telephone Number (Candidate Committees Democrat	Only)
	Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
Salest Measure Supported of Opposed (earlipuigh committees mast complete th		mase complete this section		
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
8.	gnature(s) Check certification(s) & sign (required by all committees)			
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurat further acknowledge that am aware that any false statement or declaration made herein is punishable under Ch. 575			ete, true, and accurate. I
				ishable under Ch. 575 RSMo.
	VIIIAVK VII ECI		Midde	nuth
	Committee Treasurer		Candidate (Candidate Committees Only)	, ,

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.